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***ASK THE FOLLOWING AT POST TREATMENT AND
FOLLOW-UP ASSESSMENTS***

Drug/Alcohol Treatment: Past Year

1. In the past year, how many different treatment programs have you been involved with for: (include outpatient, inpatient, NA/AA, therapists, counselors, etc.):

a. Alcohol abuse

Number of times

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☐ Never treated☐ Missing (unavailable)

b. Drug abuse

Number of times

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☐ Never treated☐ Missing (unavailable)

2. In the past year, how many of these were detox programs (only):

a. Alcohol

Number of times

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☐ Missing (unavailable)

b. Drug

Number of times

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☐ Missing (unavailable)

(*INTERVIEWER*: go to *Reasons for Seeking Treatment* questionnaire if required - see Drug Use Past 90 Days, items 1 and 7 - or conclude this survey)

Thank you for your time and your responses to these questions.